

# HEALTH OFFICIAL/POOLS & SPAS/BEACHES & LAKES REPORT FORM

Shipping No. \_\_\_\_\_

Date Rep. \_\_\_\_\_

**INDIANA STATE DEPARTMENT OF HEALTH**  
**Environmental Laboratory Division**  
**1330 West Michigan Street**  
**P.O. Box 1964**  
**Indianapolis, Indiana 46206-1964**

Sample Number \_\_\_\_\_

Date Received \_\_\_\_\_

SAMPLES SUBMITTED WITHOUT COMPLETED  
 FORM WILL NOT BE ANALYZED. **USE BLACK INK.**  
 Indiana State Department of Health is to mail report to

\_\_\_\_\_  
 (Name)

\_\_\_\_\_  
 (Street)

\_\_\_\_\_ IN \_\_\_\_\_  
 (City or Town) (Zip)

SAMPLE SUBMITTED BY: \_\_\_\_\_

HEALTH OFFICIAL \_\_\_\_\_ COUNTY

IDENTIFICATION NUMBER

BOTTLE NUMBER

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**SAMPLE SOURCE (CHECK ONE) AND DESCRIPTION**

Drinking Water	Swimming Pool	Spa/Hot Tub
Bathing Beach	Surface Water Ditch, etc.	Ice
Meat/Poultry Plant	Bottled Water	Dairy

OTHER \_\_\_\_\_

NAME/ORGANIZATION \_\_\_\_\_

ADDRESS \_\_\_\_\_

LOCATION \_\_\_\_\_

PHONE \_\_\_\_\_

DATE COLLECTED \_\_\_\_\_ TIME COLLECTED \_\_\_\_\_

**ADDITIONAL REPORTS ARE TO BE MAILED TO:**

\_\_\_\_\_  
 (Name)

\_\_\_\_\_  
 (Street)

\_\_\_\_\_ IN \_\_\_\_\_  
 (City or Town) (Zip)

**ANALYSIS DATA - TO BE COMPLETED BY LAB**

TEST: TOTAL COLIFORM

METHOD: \*

MF MTF LST P/A MMO-MUG  
 P/A

RESULT:

PRESENT ABSENT

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TEST: FECAL COLIFORM E. COLI

METHOD: \*

MF MTF EC P/A MMO-MUG  
 P/A

RESULT:

PRESENT ABSENT

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\* If MTF is checked the result is number of positive tubes.  
 If MF is checked the result is organisms per 100 ml.  
 If P/A is checked the result is presence (P) or absence (A)

Incidental Pseudomonas Detected

HETEROTROPHIC PLATE COUNT \_\_\_\_\_/1.0 ML \_\_\_\_\_/0.1 ML

**REPORT OF SAMPLES**

**SATISFACTORY:** At examination time, this water was bacteriologically safe based on USEPA standards.

**UNSATISFACTORY:** At examination time, this water was bacteriologically unsafe.

**PLEASE SUBMIT ANOTHER SAMPLE. TEST NOT VALID BECAUSE:**

Too long in transit (more than 48 hours)

Invalid/no collection date.

Sample type not designated.

Other \_\_\_\_\_